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ABSTRACT

While there is a natural fit between rural communities and a particular kind of social work practice, it is not the prevailing form of practice in rural communities. The rural practice model should be generic rather than specialized, should recognize the utility of natural helping networks and build on them, and should work through community controlled structures to ensure that services are tuned to local needs and delivered in a way that is part of the community's fabric. Three realities deter optimization of human services delivery in British Columbia and elsewhere: political (politicians do not give high priority to social services), organizational (hierarchical, centralized structures do not encourage local program control), and staffing ("revolving door" staff do not consider knowledge of local customs or helping networks important). If change is to occur, the three realities will have to be reframed. Social service professionals need to show conservative politicians how natural helping networks can be used, and trusted. Reframing the organizational issue requires a reordering of the delivery unit's status, its capacities, and responsibilities. Schools of social work should recruit from rural communities and all involved in social services must give attention to revitalizing those who do stay in rural communities. (BRR)

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TOWARD A LEADERSHIP ROLE IN HUMAN SERVICES

THE CASE FOR RURAL COMMUNITIES

Based on the Keynote Address

Ninth National/Second International Institute

Social Work in Rural Areas

July 29, 1984

University of Maine
Orono, Maine

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This paper addresses three issues. First, it advances and confirms the argument that there is a natural fit between rural communities and a particular kind of social work practice. Secondly, it argues that while this kind of practice is appropriate and desirable, it is not the prevailing form of practice in rural communities at the present time. Thirdly, it provides some suggestions for implementing this form of practice in rural communities.

I. The Desired Form of Practice in Rural Communities

There is a remarkable consistency in the literature on rural social work that the desired form of practice should have the following characteristics:

- generic rather than specialized: a characteristic which is dictated by the fact that staff are responsible for all problems arising in large geographic areas.
- practice which recognizes the utility of natural helping networks, and actively seeks to identify these networks and build on them.
- practice provided through community controlled structures to ensure that services are tuned to local needs, are connected with each other in a way that makes sense in the community, and are responsible to and supported by a definable constituency.[1]

The above characteristics combine to build a model of practice which is community relevant, community empowering, and which focusses on prevention. There may be other characteristics of rural practice, but to the writer these are the most important, and they are discussed in some detail below.

Generic Practice

The arguments for generic practice have, of course, been advanced by many theorists and practitioners and are not confined to practice in rural communities. The arguments are familiar, and centre around the point that generic practice is a holistic approach which deals with the person or the family within the context of the social situation. Generic practice accepts the responsibility of dealing

with the problem, be it personal, family, social, or a combination of all.

Despite its considerable and compelling logic, generic practice poses some real challenges simply because of the complexity, the seriousness and scope of the problems presented. Given the choice, and choices do exist in urban centres, practitioners, educators, and policy makers all prefer to specialize - to carve out a particular piece of the pie, to become expert in that certain narrow slice, and to refer all other matters to other experts. Thus, faced with an intractable policy problem, policy makers refer by establishing Royal Commissions, or Government Task Forces - a strategy which at once designates the problem as deserving the attention of the best minds available, and delays the need to take action. Faced with an obstreperous client, practitioners refer to another agency. Given the availability of other agencies, or the resources necessary to establish Task Forces, referral is an almost irresistible strategy for both practitioners and policy makers.

But the attractiveness of the strategy conceals some limitations. In the first place, referral amounts to defining someone else's territory. It leads to endless disputes about who belongs where, to boundless frustration for clients who have to function as their own coordinators of services, and to an extraordinarily complicated interagency scene.

An example from the writer's research in the Corrections Branch in B.C. will serve to illustrate this point. New probation officers are usually assigned to rural offices. Having done their "obligatory tour of duty in the boonies", many seek to transfer to an urban office. One of the reasons is the lack of resources and having to practice as a generalist and deal with the entire range of juvenile, adult, and family matters. But once having achieved the transfer, probation officers find themselves in an extremely complicated work environment over which they have little influence. In short, the availability of resources carries with it the mixed blessing of having to learn how to access these resources, how to navigate in a messy interagency scene, and denies one the very considerable satisfaction of being the responsible person in the local community.[2]

In the second place, referral serves to reduce the confidence and competence of practitioners. In a recent letter a graduate of the UVic School refers to this point.

> I often found myself dealing with problems that I didn't feel comfortable with, but the cases remained with me because there were no alternatives. The consequence is that I learned more than I would have if I had the opportunity to refer clients to others. 3

Hence it may be that the apparent disadvantages of generic practice are not such handicaps after all. If, as Kahn has effectively argued, we need centres which provide access into the social services and provide basic counselling and support services; we also need staff who can handle these functions, who can be comfortable as general practitioners, and who can solicit consultation when working with those clients who require specialized assistance.[4]

Building on Helping Networks at the Community Level

The essence of the helping networks approach can best be captured by some examples. The first is drawn from the remarkably successful efforts of a small district office of the Ministry of Human Resources in B.C. to alter the way in which child welfare services are provided to a Native Indian community.[5]

The Stoney Creek Reserve (population 300) lies 16 kilometers south-west of Vanderhoof, a small logging community in north central British Columbia. The members of the Stoney Creek Band belong to the Carrier Nation, who occupied much of what is now mid-central British Columbia. The Carriers had a thriving culture until the arrival of the white man, when the introduction of a monied economy, the enforced enrollment of native children in residential schools, and the imposition of non-native Indian religions and cultural mores acted together to erode their sense of culture and identity. While these actions may not have been intended to destroy native ways, the more vociferous local native leaders have labelled the consequence as cultural genocide. The front-line actors in implementing federal and provincial policies have tended to be non-Indian workers

with little training or understanding of native culture. This situation obtained at the Stoney Creek Reserve until approximately six years ago. At that point, thanks to a somewhat unique combination of circumstances, the change to a partnership arrangement between the band and M.H.R. was initiated.

The events that made this possible included the fact that the local supervisor for the Ministry of Human Resources had worked in the area for twelve years. During this time he established a positive relationship with band members, and he had retained a sense of trust in their capacity to cope with their own concerns. In addition, the supervisor had become acutely aware of the bankruptcy of the prevailing practice in child welfare services to native bands - practice which essentially consisted of not providing any services and waiting for crises to develop.

A second factor that made a new approach possible was the arrival of a newly graduated and enthusiastic young social worker who assumed responsibility for child welfare on the Stoney Creek Band. This worker brought a community work perspective to his child welfare resonsibilities, and he too objected to the practice of non-involvement, and of placing children who were apprehended off the reserve, most often in alien cultural surroundings. Frustrated by this inadequate system, the new worker and the supervisor were ready to consider alternatives. The final factor that lent impetus to the self-help initiative was a workshop sponsored by the Federal Department of Indian Affairs in which native Indian leaders were given basic training in the skills associated with community development work.

The first concrete steps towards the partnership arrangement between the band and M.H.R. came with the establishment of a small committee consisting of the Chief, the Band Manager and the new Child Protection Social Worker and his Supervisor. These individuals gave careful consideration to the composition of a larger group, which later became known as the Child Welfare Committee of the Stoney Creek Band. An early decision was made to include members from two families on the reserve who largely controlled the financial and political affairs of the Reserve. The balance of members on the Child Welfare Committee consisted of

representatives from such organizations as the Association of Native Homemakers and the Foster Parents Group, together with the community health worker and a child care worker.

The committee meets with parents experiencing problems with child care, offers counselling, and has built up on the reserve resources such as day care arrangements and temporary foster homes. Most importantly, it is a tangible recognition that the Stoney Creek community cares about its families and its children. The success of this approach is demonstrated by the fact that in the first full year of the committee's operation only four children were apprehended, and of these three were eventually returned to their own homes. This represented more than a 50% drop in the number of children taken into care from the previous year when nine children were removed from their homes. The committee was also able to return seven children to their own homes who had been in the care of the Ministry.

Follow-up 1984

Despite the fact that the School of Social Work at the University of Victoria recorded the experience of the Vanderhoof project, and has used it as an example of effective practice, there have not been any continuing connections between the School and the project.

In an effort to find out if the experiment has continued, and its effect over the intervening years, the writer visited Vanderhoof in June, 1984. The CWC Committee and the partnership arrangements with staff of the local office of M.H.R. still exist. Staff changes in M.H.R. have also occurred, but the pattern and commitment appears strong enough to withstand these changes. The committee functions in much the same way as it did in the beginning, with the exception that it meets on an as necessary rather than a regular basis. The committee continues to review all problem family situations and attempts to work out an on the reserve solution prior to any official M.H.R. intervention. The apprehension of children has been stabilized at three per year, and most of these concern the same children and the

same families. Obviously Stoney Creek has multi-problem families too!

In summary the partnership approach has worked in Vanderhoof, and will work in communities where the following characteristics obtain:

- an identifiable, bounded community;
- an awareness of distinct and visible social problems to the extent of being viewed as different from the larger community;
- a recognition on the part of the professional staff that traditional approaches have not worked - to wait for child neglect to occur and then apprehend is an exercise in futility;
- the willingness of professional staff to risk and to share responsibility with members of the community, and to expand their job definitions into new and uncharted territory.

Indeed the partnership approach exemplified by the Vanderhoof project is but one example of some innovative approaches to child welfare practice in rural communities. More far reaching examples involve transferring all responsibility for services to Indian band councils. Two examples of this approach are found in the Spalumcheen Band outside Vernon, B.C., and the Dakota Ojibway tribe in Manitoba. The first came into effect in 1981, and although one observer writing some two years later was impressed by "the imaginative and energetic efforts to integrate human services at preventive and remedial levels"[6], no formal evaluations have been carried out. An evaluation of the Dakota-Ojibway Child and Family Service program is now being completed, and in the opinion of one of the evaluators,

> it has worked in developing greater community participation in problem solving, more service credibility and an increased sense of community ownership and capacity. In fact, this precedent and the general model has become the impetus for service development in child welfare, particularly with Native people, in the city of Winnipeg. One indication of the success of D.O.C.F.S. has been its ability to develop native resources for children in care. As of February, 1984, only 5% of its children in care were in non-native resources off-reserve.[7]

Building on Natural Caring Networks for Individuals

A second example involves the utility of natural caring networks for individuals. The example is a personal one.

My Aunt Laura is 87 years old, and a widow with no children. She lives in a small Yorkshire village where she was born, and in the house in which she was raised. Although small, the house has three stories, with flights of stairs which are so narrow and steep that they pose problems for a relatively agile nephew, let alone the aged and crippled resident.

While she is physically frail and troubled by arthritis, the biggest problem with Aunt Laura is that she is mentally quite dotty. A sister who died four years ago regularly appears in the garden, but will not come into the house because of some unreconciled arguments which occurred before she died. A neighbour does come into the house uninvited and steals money, hides clothes, and damages appliances. This entry is achieved despite the fact that the two outside doors are secured by no less than six locks and bolts.

Aunt Laura has both privately and publicly berated the neighbour to such an extent that she now possesses the unique distinction of being possibly the only 87 year old with a police restraining order against her.

But despite her physical and mental frailty, Aunt Laura lives at home by herself, and would not have it otherwise. She is supported by an array of both formal and informal supports: twice weekly visits to a day hospital, visits by a public health nurse and a cleaning lady. Her informal supports consist of the church, a number of friends, and most importantly two nieces, one of whom lives in the village and calls or visits on a daily basis.

The Case for Community Control

The third component of desirable practice in rural communities is ownership

of the services by local communities. The ammunition for arguing that social services should be tuned to the needs of local communities, connected with each other in a way which makes sense at the local level rather than a local version of a provincial blue print, and controlled by the local community, is contained in a recent study of the Community Resource Board experience in B.C.[8] This study tells the story of the Community Resource Boards (CRBs) and Community Human Resources and Health Centres (CHRHCs) which were established by the NDP government of B.C. in 1974, in which was the most massive reorganization of social services ever attempted in Canada, except Quebec.

The Community Resource Board Act led to the setting up of the Vancouver Resource Board, a number of rural CRBs throughout the province, and five health and social services centres. After the Social Credit Party returned to power in December 1975, the Vancouver Resource Board and the rural CRBs were disbanded. Four of the five CHRHCs continued until the fall of 1984 when they were reconstituted as Health Societies and social services excluded.

Despite the fact that no attention was given to the need for a comparative evaluation between communities where CHRHCs were established and similar sized communities without such structures, the eight-year existence of the centres does provide an opportunity to learn about three significant issues in human services: decentralization, integration, and community control. Each of these are briefly discussed below.

Decentralization

The study concluded that health and social services should be offered through decentralized locations rather than from centralized offices. Decentralization has had beneficial effects for clients and staff. The benefits centre on increasing the adequacy and accessibility of services, humanizing the work environment, and developing service teams.

Integration

The experience of the CHRHCs is that by sharing energies, information and expertise, professionals can offer a higher quality of service than they could through separate structures. The experience of the centres showed that

- they have a potential for reducing hospitalization rates;
- they make a range of expertise available to clients when this is needed;
- they provided a service milieu in which information can be readily shared, which pyramids energies, which attracts staff to northern communities and slows down turnover;
- they can develop preventive programs.

One example of the kind of imaginative preventive programming that has occurred may be instructive. In one of the northern centres the physician was struck by the number of young married women coming to the centre with a complaint of depression. Discussions with these women brought out the information that all lived on the outskirts of the town in the country, and all had husbands who drove to work in the only car or pickup owned by the family. The depression was the well-known northern disease of "cabin fever", or loneliness.

The physician called in a social worker and the two arranged for some women to come to town on the school bus, and helped others to organize car pools. The social worker developed a variety of programs and provided baby sitting arrangements at the centre. The number of patients complaining of depression disappeared almost overnight.

Community Control

The centres have provided a structure through which citizens can pursue their interests in the health and welfare of the community. As might be expected, voter turnout was high in the beginning of the experiment. Thus, in the Queen Charlotte Islands the turnout was 40% of eligible voters, out in the recent election the Board was elected by acclamation. However, the voting record has usually

exceeded that in municipal elections.

The study concluded that provincial ministries should relinquish the responsibility for the direct provision of services to families and children. The province should be responsible for establishing policy, setting standards and monitoring these, setting the budget and allocating budgets to community structures, operating specialized services and working with communities to develop structures which are appropriate to the needs of local communities. This recommendation follows the intent announced by provincial governments in Ontario and New Brunswick. The latter province recently announced its intention to establish Community Health Centres at the same time as B.C. abandoned the very same model.

> Basically the plan calls for less central government and more community control over the day-to-day provision of health and social services. Multidisciplinary teams of professionals working together will be developed to serve communities in a one-stop shopping centre. Brenda Robertson, the Minister responsible, is quoted as saying, "We have got to push the delivery of services back to the community, back to responsible boards of management, and concentrate our energies on setting standards."[9]

It must be recognized that community control contains some disadvantages. Montgomery calls these inherent difficulties "acute localitis", and suggests that the disease has a number of symptoms.[10] Among these are the domination of affairs by local elites, and the lack of management and planning capacities. It should be emphasized that the study does not recommend that provincial government abdicate responsibility for the social services, but rather that a partnership between province and community should be established. Both partners would be assigned distinctive functions which they are uniquely capable of fulfilling. While the partnership may contain some tension, the division of responsibility and the tension may result in more effective and relevant services than is the case at present.

To conclude this section of the paper it is suggested that generic

practice which builds on natural caring networks and which is provided through community controlled structures is desirable if not essential in rural communities. In summary form the following factors are particularly relevant:

1. Scattered Population: Even in prosperous times it is simply not possible to saturate rural areas with the kind of specialized services found in urban centres.

2. The Scale of Operations: The scale of operations in rural communities makes it easy to develop connections between services, and to consider different types of integrated structures simply because there are fewer structures and fewer complications. The interorganizational scene is less cluttered.

3. Boundary Diffusion: Essentially this concept holds that in rural communities boundaries between departments of public assistance, health, education, corrections, and mental health blur in such a way as to minimize their differences.

> Boundary diffusion cuts across particular socioeconomic levels in rural areas. It affects the recipients of services who interact with other recipients and with providers at a variety of social, personal, business, and professional levels. It affects service providers who know and must interact with (or cannot avoid) each other in diverse and equally diffuse community transactions. Boundary diffusion makes it hard for social work practitioners to maintain rigid personal or professional delineations and still be effective in their communities.[11]

4. The Existence of Helping Networks: As the examples of Stoney Creek and Aunt Laura emphatically establish, indigenous patterns of helping do exist in some communities. Diligence in seeking out these patterns and imagination in working with them are required. While networks do exist in neighbourhoods in large cities, they are visible in a rural community, and represent one of the few available sources of help.

II. The Grim Reality

The operating frame of reference for the following remarks is B.C. Although human service cutbacks in B.C. have been the most recent and perhaps the most savage in Canada, the discussion is relevant to other provinces. There are three realities addressed in this section: political, organizational and staffing.

The Political Reality

In Canada social and many health services are provided to rural communities by departments of provincial governments. With landmark exceptions, such as the province of Saskatchewan, these governments have been dominated by politicians steeped in the values of individual initiative, hard work, and pulling oneself up by the bootstraps. The political reality is that state and provincial legislatures are dominated by those holding a conservative and residual philosophy, and this is a philosophy which finds much support in times of economic uncertainty. Politicians do not give a high priority to social services. Lynn concludes his recent analysis of attempts to reorganize social and health services as follows:

> Human services have no constituency. Their clients do not vote, at least not in large enough numbers to make a difference to the average legislator. Especially vulnerable are welfare agencies. Scorned by many elected officials because of their politically unpopular clientelle shunned by human service agencies whose programs are not closely targeted upon the low income population, welfare agencies are pariahs in state government. 12

The Organizational Reality

Over the years provincial and state departments have decentralized programs in order to increase accessibility and to serve new and developing communities. But while decentralized in terms of service delivery, these departments have retained, and in fact increased, centralized control in terms of policy and management. Far from being controlled at the local level, neither communities nor line staff, nor even politicians who occupy the back benches, have more influence in policy making in the human services. In Canada, policies in the human services are made by federal and provincial cabinets, and implemented through tightly controlled hierarchical structures. Central agencies (Treasury Board, Purchasing Commission, etc.) have become increasingly important.

The organizational reality is that hierarchical structures provide a very inhospitable environment for practice which seeks to build on natural caring networks, to empower communities, and to enter into partnership arrangements with communities. This observation is supported by Froland and his colleagues:

> Agencies which give greater emphasis to bureaucratic procedures, professional norms, and formal authority in service delivery are less likely to develop participatory roles with the community that emphasize mutual decision making and shared responsibility. Bureaucratization within an agency can lead to burueacratization of the relationships with informal helping systems. 13

Hence even in prosperous times, social services in rural communities are characterized by:

- responses to already formed crises on a case by case basis;
- a service structure which is unconnected to local communities and is more concerned with provincial standards than identifying local needs and building locally relevant programs;

- a division of responsibility between ministries of social, health, correctional, labour, and educational services, thus leading to fairly narrow territorial boundaries. Boundary diffusion is required to offset the consequences of departmental specialization.

The Staffing Reality

The third reality to be addressed here is that of staffing. Two common perceptions are that there is a high staff turnover in rural areas, and that staff are very much aware of local standards and mores. Both of these perceptions warrant close examination.

A study undertaken by two faculty members in the School of Social Work at UVic on staffing patterns in the northern regions of B.C., found that one fifth of the respondents had been in their current agency less than a year, while another fifth had been in the agency for more than five years. 14 Sixty percent of the respondents had been in their current job less than three years. The UVis study also queried staff about future plans:

> We wanted to get some sense of how these workers looked at their future plans and asked "Do you expect to be in this community one year, three years, five years, or more than five years from now? Are all human services workers in the north itinerant and merely passing through? 15

Forty three percent indicated plans to leave the north in a year, twenty four percent stated their intention of remaining three years, and twenty seven percent viewed their present community as being their permanent residence. It is suggested here that a large group of staff who are new to rural communities, who come with an expectation that they will do their obligatory tour of service, do turn over quickly. On the other hand, a smaller number stay for a lengthy period of time. The first group is likely to be young, fresh, full of ideas, zest and enthusiasm, and with a shiny new B.S.W. in hand. The second consists of veterans who are weary of having to train a never ceasing horde of recruits and who have made an accommodation between the demands of the

bureaucracy and the needs of the community in which they live. The accommodation was not easy to achieve and will be disturbed only for the most compelling of reasons. A third group stays for about three years and this may not be dissimilar from the turnover rate prevailing in urban centres.

Admittedly, the UVic study was limited to two regions of one province, and the findings cannot be applied on a provincial or national basis. Nevertheless, it is tempting to speculate whether high turnover is confined to one group and is not characteristic of all staff in rural communities.

A second perception of staffing the social services in rural areas is that staff are intimately aware of local traditions and customs and that this knowledge is important in practice. However, in a study comparing perceptions of social workers in rural and urban areas, Bill Whitaker found the following:

> Respondents residing in rural communities were less likely to consider knowledge of local history extremely important than were those living in urban centres. Respondents residing in rural communities were less likely to consider knowledge of federal laws and regulations as important to their practice than were those living in urban centres. Respondents living in small cities were more likely than either those living in rural communities or in trade centres to deem knowledge of local standards and mores important to their practice. This is inconsistent with the expectation that the smaller the community of residence, the greater one's visibility in the community, and therefore the more important one's knowledge of local standards and mores. Another finding which seems inconsistent with the conventional rural practice wisdom is that respondents working in rural communities are less likely to indicate that knowledge of the natural helping networks of their clients' friends, neighbours, and relatives is important to their practice than are those working in small cities or trade centres. 16 (underlining in the original)

It may well be that it is the "revolving door" staff who do not consider knowledge of local customs or helping networks important. Since this is a large group it is possible that their responses unduly influenced the findings of the Whitaker study. Future research may usefully enquire into the differences in the views of short versus long term staff in rural communities.

To summarize this section, it is contended that because of the above

realities, practice in rural communities is characterized only in rare instances by a continuing attachment to general practice; only occasionally identifies and builds on natural caring networks; only loosely connects with local communities, and rarely if ever takes place in community controlled structures. And the combination of these political, organizational and staff realities are such that bringing about change is akin to "making waves in a sea of peanut butter".[17]

III. Implementing the Desired Model of Practice

The final section addresses whether the kind of practice and service structures discussed above can be put into practice. Are there features of the rural communities which make it possible for these communities to lead the way? It is acknowledged that achieving such reforms will be exceedingly difficult. Faculty in the professional schools at UVic, together with colleagues in practice and in other universities, have tried to alter the course of social policy in B.C., without much effect. The provincial cabinet remains convinced that the fewer services (even the hitherto sacrosanct health care programs are under attack to the extent of increasing user fees), and the more centralized the control, the better.

Framing and Reframing the Problem

In a paper entitled Framing and Reframing the Problems of Cities, Donald Schon argues that many new social policies are simply responses to the problems caused by previous solutions, and that the solutions are determined by the way in which the problem is framed.[18] The argument is, of course, not new. We are well aware that well meaning attempts to solve the problem of the slums led to the construction of giant housing projects which caused problems as well as assistance. And we are well aware that ideologies and values shape our definitions of problems and solutions.

Schon argues that some social problems such as abortion and euthanasia constitute moral dilemmas. These dilemmas require "not the adjustment of means to establish ends, but the accommodation of intractably conflicting ends", whereas other reframing efforts "succeed in integrating conflicting frames in a way that is internally coherent".[19] A third group of framing efforts simply puts old wine in new bottles, and does not advance the likelihood of problem resolution.

The argument is that some social policies can be established only after endless and agonizing debate and then only with the recognition that a judgement call has been made on one side of the argument, that one side has lost and that a temporary resolution is in effect. However, advances may be possible with other problems because the reframing has pointed to areas of compatibility where the earlier frames showed only conflict. Reframing requires a conscious attempt to reorder our thinking, to reconceptualize the problem in new and different ways, and to reshuffle the pieces of the puzzle so that we can move forward.

For example, Aunt Laura's pattern of constant blaming is not appreciated by the neighbour, but is necessary for her. It provides a protective rationale for all her mistakes. It is supportive, indeed essential, for her continued functioning. Rather than a problem to be solved, it is a reality to be recognized. And in Stoney Creek the reframing of the problem of child neglect as a community problem owned jointly by the community as well as the provincial and federal departments, paved the way for a productive partnership.

As a beginning, the three realities discussed in the previous section are reframed to determine if new accommodations and directives can be suggested.

Reframing the Political Reality

It is necessary to recognize that an essential dilemma in federal states is trusting the untrustworthy. Senior levels of government control the purse strings and have the most clout, but because of the division of responsibility which obtains in a federal state they are required to delegate. Trusting others to spend one's money is always difficult. It is doubly

so when the others come from a different political party. The suspicion is that they are spending "my money", not only to provide services but to develop structures to overthrow "me".

However, trusting the untrustworthy is not a problem for many provincial governments simply because their friends are also in power at the community level and in the federal parliament. Recognition of this political reality means that approval from politicians at all levels may be forthcoming if the social services can be seen as a positive contribution to community life, rather than an unwelcome burden. Reframing the political reality requires that we examine both the purpose and the structures of the social services.

At first glance there appears to be little or no congruence between the residualist philosophy of right wing governments and the kind of progressive, innovative work represented by Froland, Pancoast, and many others in the helping networks field. And, of course, there are some differences, but stripped of the loaded adjectives both would agree that where natural helping is possible it should occur, where it can be supported this should happen, and where partnerships can be developed this is desirable. Froland states:

> Human Services have come full circle, reaching back to the beginnings of organized human services to find the basis for a renewed partnership with people who are helping one another in their everyday lives. This shared philosophy emphasizes the principles of self-determination, self-reliance, and mutual aid, which serve as a frame of reference for staff in providing help. In working with clients, this may involve looking at an individual's abilities and strengths. 20

There are, of course, many needs which cannot be met by indigenous sources. The need for education, for income assistance, for health care, and for public safety all afford examples of necessary and appropriate public sector service. While social workers and conservative governments may not agree on issues such as the need for and the importance of universal programs in health care and income, some agreement may be possible with regard to the personal social services.

Thus it may be possible to reframe the social services from the present reality which is dominated by large provincial bureaucracies, to one characterized by the partnership model captured so vividly by the examples of the CHRHCs in B.C. and of Indian control of services. The crux of the reframing involves social services as supporting, not supplementing, natural helping networks, and being structured in such a way as to clearly signify this intent. Such a reframing effort may afford a way of gaining agreements between social service professionals and conservative politicians. Our willingness to review the issue of what are suitable auspices for providing social services may meet with a welcome response from conservative governments. In short, we need to be as flexible as we would like "right wing" politicians to be.

Reframing the Organizational Reality

A beginning in reframing our thinking about the work place can be found in the lessons emerging from the research on the implementation of policy.[21] This research makes the following points:

- the local service delivery unit is the key ingredient in the implementation of policy. In the last analysis services will be effective only if line workers (police officers, nurses, and social workers) are competent and capable, and if local offices have sufficient resources;
- discretion is inevitable in the human services and cannot be eliminated by imposing regulations to control and monitor practice;
- practice occurs in settings where observation is not possible, and this, of course, is particularly true in rural communities;
- Elmore sums up the argument of the implementation perspective as follows:

> Human service organizations are bottom heavy and loosely coupled. They are bottom heavy because the closer we get to the bottom of the pyramid, the closer we get to factors that have the greatest effect on program success or failure. They are loosely coupled because the ability of one level to control the behaviour of another level is weak.[22]

> The capacity to implement originates at the bottom of organizations, not at the top. If one accepts this view, the important business of implementation consists not of developing more complicated techniques for managing subordinate's behaviour but of enhancing the capacity of the smallest unit.[23]

The research in the Corrections Branch referred to earlier confirms the above. A distinct difference between offices which owned a success, or saw themselves as being in charge of a distinctive and difficult function, or enjoy the status of being the probation office in the community, and offices in which these attributes were absent. The high morale, commitment and enthusiasm in the former offices was evident and noticeably different from offices with the view that they were simply and only an unimportant cog in a large bureaucracy. These comments all speak to the lessons preached in scores of management texts - most recently in the best seller In Search of Excellence.[24]

But for some reason such lessons have been lost in public sector agencies. It is curious that so many politicians eager to see provincial departments emulate the practices of the private sector, ignore some of the cardinal virtues of successful companies -- pay attention to staff, decentralize control as well as responsibility, spend time and money on testing new products, and emphasize research and evaluation.

Reframing the organizational issue requires a reordering of the status of the delivery unit, deliberate efforts to enhance their capacity, and a recognition that they are in charge of the implementation phase. Some strategies for achieving this goal include the establishment of policy advisory groups consisting of a vertical slice of the organization (head office staff, middle managers, and line workers) for developing policy, and local policy groups at the local level to oversee the implementation phase. Practitioners should be seen as the test pilots of policy and accorded the status awarded to such positions.[25]

However, these changes require the consent of senior managers, and politicians who may be content with the present hierarchical

structures. Some ammunition for the charge may come from the frustration of trying to deal with the problem of burnout as a personal and personnel issue, rather than having a structural origin. Additional support may come from the service delivery units themselves - from such experiments as Vanderhoof, which has established that partnership arrangements between province and communities can be developed and can be effective.

Reframing the Staffing Reality

If staff of social welfare agencies are to work on a partnership basis with community groups, as suggested by the Vanderhoof experience, some major reframing of curricula in Schools of Social Work will be required. At the present time schools which seek to prepare students for rural practice have adopted the generalist approach to practice. Nevertheless, these generic approaches lean toward the clinical end of the framework, which fits with the individualistic explanations of human behaviour most commonly found in students and faculty.

Clearly a community based approach requires shifting generalist practice toward the community end of the framework and a focus on the identification and expansion of natural helping networks, rather than assisting individuals. The theory base of this model necessitates an understanding of politics in organizational, community and governmental arenas - an understanding of who rules and in whose interest in all of the above arenas. Such a reframing effort will require major curriculum changes for many schools in Canada.

Some additional points around staffing need to be made. First it needs to be recognized that unless the B.S.W. graduates come from rural communities they are likely to pass quite quickly through the revolving door. Hence recruitment efforts should focus on rural communities and use decentralized distance education formats to reach and educate students who are unable to leave their place of residence.

Secondly, Schools might usefully examine ways of helping students to be sturdy and independent, and helping them to recognize that making changes will

earn the reputation of being deviant. Hence it is essential that they build alliances and develop support groups. Schools must alert students to recognize and capitalize on the fact that the freedom to experiment increases exponentially with distance from head office.

Finally, all involved in the social services must give attention to re-vitalizing those who do stay in rural communities - to turn their cynicism, which is often well founded, into constructive behaviour. Distance and continuing education is one source of revitalization. A second can be found from offices where deliberate attempts have been made to take hold of and change problems. As noted above, owning a success empowers and invigorates staff. A third strategy involves giving the veterans "a place in the sun" - identifying their talents and using them as consultants in their areas of expertise. This strategy can help to reverse the present situation where veterans often see themselves as having little to contribute, especially when compared to the well trained graduates.

In the current climate it is difficult for educators in Schools of Social Work to resist falling into the same gloomy pit of despair as Galbraith describes in Annals of an Abiding Liberal:

> I have spent decades attempting to teach the young about economics and the practical consequences are not reassuring. When I entered the field in the early 1930s it was generally known that the modern economy would suffer a serious depression and that it could have a serious inflation. In the ensuing 50 years my teaching principally advanced to the point of telling it was possible to have both at the same time. This was soon to be associated with the belief of William Simon and Alan Greenspan, the guiding hands of Richard Nixon and Gerald Ford, that progress in economics is measured by the speed of the return to the ideas of the 18th century. A subject in which it is believed you go ahead by going backwards has many problems. 26

Schools of Social Work have a contribution to make in reframing and reconceptualizing. Schools are in a unique position - at the crossroads between theory and practice. We have the advantage of knowing what happens in the work place without being immersed in it. We can use knowledge of one environment to inform the other. We are in a position to alter definitions of problems - to build on the experiences of projects such as Vanderhoof, and argue that the

problems of child neglect and abuse are not the sole preserve of governments and professionals. Rather they are community and family problems and with assistance and resources community and families can be empowered to resolve these problems. We can bulwark our arguments with information about costs. It costs a minimum of $10 per day to keep a child in care in B.C. (the rates rise sharply for special needs children). Reducing the number of children coming into care by half in Vanderhoof has resulted in a saving of $20,000 per year since the project began -- close to $200,000 since the project was initiated.

To conclude, there are several reasons why rural communities can assume the leadership role in reframing and reorganizing social services. First, the political reality is that in many jurisdictions the issue of trusting the untrustworthy is not a major problem. Reform efforts will not founder on this particular rock, since the politicians in power at both provincial and local levels have the same ideological beliefs.

Secondly, the scale in rural communities is appropriate for experimentation - the interorganizational scene is clean and the personalities of those involved are known factors. With attention to evaluation the effects of services organized in distinctly different ways can be compared from community to community. For example, is the combination of health and social services a more effective pattern than providing these through separate structures? What is the impact of both structures on the rates of hospitalization and use of drugs?

Thirdly, there is the possibility that policy communities can be developed between the residents and professionals in local communities who possess knowledge of local needs and traditions, and politicians and policy makers in provincial capitals who control the resources. Such developments require that provincial governments follow the leadership of New Brunswick and delegate the responsibility of delivering services to local level structures. It requires too a willingness to depart from provincial blueprints, to welcome local initiatives, and to

focus attention and resources on the implementation stage of the policy making process - the stage at which policy is translated into practice.

Finally, Schools of Social Work can contribute by reframing the social services in ways which emphasize their connections with communities, and by contributing to the literature on helping networks, self help and community empowerment.[27] Building on natural helping networks and empowering communities is surely where social work started, and where rural social workers should focus their efforts.

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ENDNOTES

1. See among others, Karen Irey, "The Social Work Generalist in a Rural Context: An Ecological Perspective", Journal of Education for Social Work, Fall 1980.

   Carol Conklin, "Rural Community Care Givers", Social Work, No. 6, November 1980, Vol. 25.

   Joanne Mermelstein and Paul Sundet, "Community Control and Determination of the Professional Role in Rural Mental Health", Journal of Operational Psychiatry, No. 1, 1972. Vol. 5.

2. Brian Wharf, From Initiation to Implementation: The Role of Line Staff in The Policy Making Process, Victoria, 1984.

3. Barbara Pultz, Letter to the writer, June 1984.

4. Alfred Kahn, Social Policy and Social Services, New York, Random House, 1979.

5. The following discussion is based on notes prepared by Andrew Farquharson, Ed.D., Professor, School of Social Work, University of Victoria, and presented at the International Conference on Self Help, Dubrovnik, Yugoslavia, 1980, and on Randy Diehl, "The Child Welfare Committee: A Self-Help Group for Indian Reserves", The Child Abuse/Neglect Newsletter, United Way of Vancouver, No. 5. Vol. 1.

6. Jack MacDonald, "The Child Welfare Program of the Spallumcheen Band", in The Challenge of Child Welfare, edited by Ken Levitt and Brian Wharf, Vancouver, U.B.C. Press, forthcoming.

7. Brad McKenzie, Letter to the writer, July 3, 1984.

8. M. Clague, R. Dill, R. Seebaran, and B. Wharf, Reforming Human Services: The Community Resource Board Experience in B.C., Vancouver, U.B.C. Press, 1984.

9. Globe and Mail, Toronto, Ontario, June 15, 1984.

10. John Montgomery, "The Populist Front in Rural Development: Or Shall we Eliminate the Bureaucracies and Get on with the Job", Public Administration Review, January/February 1979. pp.59-60.

11. Emilia Martinez-Brawley, Rural Social and Community Work in the U.S. and Britain: A Cross Cultural Perspective, N.Y., Praeger Publishing, 1982. P.92.

12. Lawrence Lynn, The State and Human Services: Organizational Change in a Political Context, Cambridge, M.I.T. Press, 1980.

13. Charles Froland, Diane Pancoast, Nancy Chapman, Priscilla J. Kimboko, Helping Networks and Human Services, Beverley Hills, Sage Publishing, 1981. P. 124.

14. M. Callahan, and J. Cossom, "A Survey of Employment Characteristics and Aspirations of Human Service Workers in Northern Areas of British Columbia", a paper presented at the Eighth Annual Institute on Social Work in Rural Areas, Cheney, Washington, July 1963. p. 22.

15. Ibid. p. 24.

16. William Whitaker, "A Survey of Perceptions of Social Work Practice in Rural and Urban Areas", a paper presented at the 8th National Institute on Social Work in Rural Areas, Cheney, Washington, July 1963.

17. William Whitaker, "Making Waves in a Sea of Peanut Butter", in Social Work in Rural Areas: Issues and Opportunities, edited by Joseph and Judith Davenport and James Webber, Laramie, University of Wyoming, 1980.

18. Donald Schon, "Framing and Reframing the Problems of Cities", in Making Cities Work: The Dynamics of Urban Innovation, David Morley, Stuart Proudfoot, and Thomas Burns, eds., London, Croom Helm Ltd., 1980. pp. 31-65.

19. Ibid

20. Froland, Op Cit. p.55.

21. See among other writings, Michael Lipsky, Street Level Bureaucracy, New York, Russell Sage, 1980; Walter Williams, The Implementation Perspective, Berkeley, University of California Press, 1980; Paul Berman, "Thinking About Programmed and Adaptive Implementation: Matching Stragegies and Situations", in Why Policies Succeed or Fail, edited by Helen Ingram and Dean Mann, Beverley Hills, Sage Publishing, 1980; Richard Weatherley, "Participatory Management in Public Welfare: Is Authoritarianism Inevitable?", a paper presented at the 41st National Conference of the American Society for Public Administration, San Francisco, 1980; and the following publications by Richard Elmore.

22. Richard Elmore, Complexity and Control: What Legislators and Administrators Can Do About Implementation, Seattle, University of Washington, Institute of Governmental Research, Public Policy Paper #11, April 1979. p.27.

23. Richard Elmore, "Organizational Models of Social Program Implementation, Public Policy, 1979. Vol. 2, p.215-216.

24. Thomas Peters and Robert Waterman, In Search of Excellence, N.Y., Warner Brooks, 1982.

25. Wharf, Op Cit.

26. Kenneth Galbraith, Annals of an Abiding Liberal, London, André Deutsch Limited, 1980. p.285.

27. See in addition to sources already cited, Claire Wenger, The Supportive Network: Coping with Old Age, London, George Allen and Unwin, 1984.